



**CEMETERY AND FUNERAL PROGRAM**  
P. O. Box 989003  
WEST SACRAMENTO, CA 95798-9003  
(916) 327-3219



## Change of Name Application for Funeral Establishment

FEE: Please submit the \$200.00 fee with this application.

**\* SUBMIT ORIGINAL WALL LICENSE CERTIFICATE  
WITH THIS APPLICATION.**

<i>For Office Use Only</i>	
Date Received:	_____
Account No.:	_____
Approx. Issue Date.:	_____

LICENSE NUMBER \_\_\_\_\_

<b>CHANGE NAME FROM:</b>		<b>PLEASE PRINT OR TYPE</b>	
Current Name Style			
<b>CHANGE NAME TO:</b> (Proposed New Name Style)			
Address: (Number) (Street)		City	Zip Code
Owner(s)			
INDIVIDUAL		CO-PARTNERSHIP	CORPORATION
Owner(s) Name: (List names of all Co-Partners – Individual Owner – Corporate Officers and Title)			
Name of Managers(s)		License No. FDR _____	

I certify (or declare) under penalty of perjury that the foregoing is true and correct and that upon approval of a change of the name by the Cemetery and Funeral Program, the business of said establishment shall be conducted in accordance with the laws and the rules and regulations as prescribed by said Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place

(Rev. 6/99)